

resection of the infected fundus of the uterus, leaving sufficient healthy uterine body to conserve the menstrual function and one or both ovaries to continue ovulation. The operation should be done without interfering with the ovarian circulation, hemostasis being secured by the ligation of the individual branches supplying the tube and fundus. With the bleeding controlled, a wedge-shaped excision is made of the upper part of the body and fundus of the uterus. The anterior incision begins just posterior to the insertion of the round ligament and runs across the front of the uterus to a corresponding point on the opposite side. The posterior incision begins between the tubal insertion and the ovarian ligament on one side and extends across the posterior surface to the same point on the opposite side. The incision is made in such a manner that the entire fundal mucosa with the pars interstitialis and surrounding tissues of both sides are excised. By means of this operation, sufficient endometrium is allowed to remain to perpetuate menstruation.

DISEASES OF THE LARYNX AND CONTIGUOUS STRUCTURES

UNDER THE CHARGE OF
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Cyst of the Larynx.—CHAMBERLIN (*Laryngoscope*, August, 1917) reports a case in a well-developed child who had had a peculiar cry almost from birth, shortly followed by inspiratory stridor which had become markedly worse during six months. There was no history of dyspnea or of cyanosis. The interior of the larynx could not be inspected with the aid of the laryngoscopic mirror, but under suspension a large tumor mass was seen to occupy the entire right side of the larynx, rendering a view of the interior impossible. An hypertrophied fold of mucous membrane at the summit of the left aryepiglottic fold flapped back and forth in the air stream, and accounted for the stertor. It was resected and the stertor ceased. A long knife inserted into the tumor with a view of determining its consistence gave exit to 1 or 2 drams of a brownish viscid, almost gelatinous liquid, and the tumor collapsed. Careful examination failing to reveal its walls or even the wound of the stab. It was thought that the tumor had been situated on the right aryepiglottic fold. An excellent and unobstructed view of the entire larynx and several rings of the trachea was at once possible. There had not been any recurrence of trouble up to the time of the report.

Excision under Suspension Laryngoscopy of a Carcinoma of the Larynx: No Recurrence in Three Years.—MAYER (*Laryngoscope*, February, 1917) reports this case in which under suspension laryngoscopy he excised with long-handled, curved right and left scalpels a carcinomatous epiglottis which he exhibited at the New York Academy of Medicine. Save for a rather alarming hemorrhage on the second

day after the operation, an uninterrupted recovery ensued. The patient, a man, aged sixty-four years, had not experienced any discomfort whatever from the loss of his epiglottis, deglutition and vocalization being perfect.

Diphtheritic Membranes in the Lung Diagnosed and Removed under Bronchoscopy.—SKILLERN (*Laryngoscopy*, February, 1917) reports the case of a boy, aged seven years, supposed to have inspired a bead which accounted for existing cough and attacks of suffocation. Physical exploration of the chest and fluoroscopic examination were practically negative. Under bronchoscopic inspection there was detected, a little above and at the lower lobe bifurcation of the right lung, a membrane which bled on being loosened with a dull hook. It was not deemed prudent to continue manipulation at that moment. Two hours later dyspnea became so urgent as to require immediate tracheotomy. Three days later the membrane was loosened under bronchoscopy and on account of friability was found removable only piecemeal. Some pieces of membrane were coughed out through the cannula during the night. The tube was removed on the seventh day, the child being entirely well. Nine months previous to this clinical history the patient had gone through a severe attack of diphtheria followed for some two months by a cough which had cleared up entirely.

Gunshot Wounds of the Larynx.—COULET (*Revue de Laryngol., d'otol. et de rhinol.*, July 15, 1917) has found but one gunshot wound of the larynx among 1200 wounded soldiers under his care. He reports a case of gunshot wound of the larynx, followed by abscess and recurrent paralysis. A bullet from a great distance had passed through the neck without injuring the great vessels, but had injured the arytenoid region and induced local inflammatory action; and it had injured the recurrent nerve in passing. A good recovery ensued, but the paralysis of the left recurrent remained permanent.

Chancre of the Pharyngeal Tonsil.—HADEN (*Laryngoscope*, August, 1917) reports the case of a married woman, aged twenty-five years with headache unaccountable for by her eyes or her general condition. Though there had not been any history of trouble in nose or throat, posterior rhinoscopy, a swollen, bright red pharyngeal tonsil with apparent ulceration of its surface. Three days after an application of argyrol, though the pain became so severe as to require the administration of morphin, the patient expectorated a section of the pharyngeal tonsil which on microscopic inspection was found to contain numerous living *Spirochete pallida*. At this time a typical secondary rash appeared upon the body. Salvarsan was administered the next day, and the headache subsided.

Septic Arthritis following Submucous Resection of the Nasal Septum.—IMPERATORI (*Laryngoscope*, March, 1917) reports a case of septic arthritis of the knee-joint following resection of the nasal septum. Fluctuation was evident on the ninth day after the operation. The joint was opened and considerable pus was found with manifestations of extensive destruction of the articular cartilages.